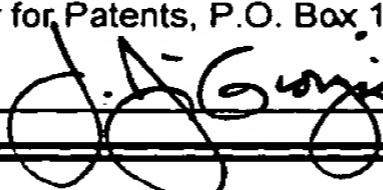


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|---|--|----------------------------------|--------------------------|-------------------------------|----------|--------------------------|--------------------------------|----------|-------------------------------------|----------------------------------|-----------|--------------------------|---------------------------------|----------|--------------------------|---------------------------------|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) THI-001 | | | | | | | | | | | | | | | |
|  | In re Application of Tse W. CHANG et al. | | | | | | | | | | | | | | | | |
| | Application Number 09/852976-Conf. #4934 | Filed May 10, 2001 | | | | | | | | | | | | | | | |
| | For: COMPOSITIONS AND METHODS FOR INDUCTION OF ACTIVE AUTOIMMUNITY | | | | | | | | | | | | | | | | |
| | Art Unit 1644 | Examiner P. N. Huynh | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ 950.00</td></tr> <tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 41,710</p> <p>June 1, 2004 _____ Date _____ (617) 227-7400 _____ Telephone Number _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV378818189US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 1, 2004

Signature: 

(Jeanne M. DiGiorgio)